

REGISTRATION FORM

YES, PLEASE SIGN ME UP FOR THE FOLLOWING:

Course Code:

Course Name:

How did you hear about the course: Brochure Ad Email Other

REGISTRATION DETAILS

Company Name

Mailing Address

City

Province

Postal Code

Attendee's First & Last Name Position/Title

Phone

Email

Consent

Yes, I consent to receiving notifications of upcoming courses by email (please check box). 

TAX INFORMATION If tax exempted, attach copy of exemption certificate.

(GST# R135 276 467) Your Tax Exemption #:

PAYMENT Payment must be received before seminar/course start date.

Cheques are payable to EPIC Educational Program Innovations Centre and mailed to 5670 McAdam Road, Mississauga, ON L4Z 1T2

Tuition: \$

GST/HST: \$

Total Due: \$

Certified/Company Cheque

Money Order#

Credit Card (Please call Ruby at 1.877.212.8264 ext 222 for details)

PLEASE SUBMIT YOUR COMPLETED FORM TO rsubben@epictraining.ca

[CLICK HERE TO RESET AND CLEAR THE FORM.](#)

